Questions from Douglas Vander Broek, B.A., D.C.

1) Is there typically a pay grade differential for certified compared to uncertified surgical technologists? If a surgical technologist is uncertified and becomes certified, do they automatically get a pay raise?

We would not automatically give them a pay raise. We pay them based on experience.

2) Do employers typically pay all or part of the training and/or examination cost for an uncertified surgical technologist if they want to become certified?

We have not paid for any uncertified surgical technologist to become certified. Our non-licensed staff are paired with a mentor for 90 days to assess whether they can work independently. During their training period, they are trained thoroughly on infection prevention, blood borne pathogens, hand hygiene, disinfection and sterilization, sharps injury prevention, surgical waste disposal, safety, risk management, patient rights, and dozens of other topics. All employees are retrained annually on these topics.

8) I assume that surgical technologists do not carry malpractice insurance of their own, but any malpractice action would be taken against the supervising licensed professional. In the event of a malpractice case regarding a surgical technologist, against which professional or entity would the action be filed?

The lawsuit would most likely be filed against the facility that hired and credentialed the surgical technologist.

Questions from Sandstrom

1) Is accurate information about surgical technologists who lose employment or lose practice privileges in a facility for incompetence, negligence, unethical/unprofessional conduct available to the public e.g. potential employers? If so, how?

I'm not aware of a resource that would list this. I believe that was the partial intent of the registry.

2) Is accurate information about surgical technologists with felony or misdemeanor convictions available to potential employers or the public? If so, how?

The State of Nebraska requires licensed healthcare facilities to performing background checks prior to hire. The convictions would be discovered at that point.

3) Is accurate information about surgical technologists who practiced while impaired by alcohol, drugs or physical, mental or emotional disability available to employers or the public? If so, how?

Again, I'm not aware of a resource for this information, nor am I aware of any evidence submitted by the applicant group that has ever been an issue.

4) Is accurate information about payments made by insurers due to an adverse judgment, settlement or award by a facility due to the actions of a surgical technologist available to the public e.g. other potential employers? If so, how?

If an individual surgical technologist was the subject of a lawsuit, then I suspect that a judgment, settlement or award would be public information in the national database.

5) What are the accreditation criteria for facilities as to the qualifications and duties of non-licensed staff working in operating rooms? What percentage of Nebraska hospitals and surgical facilities are accredited?

Questions from Jane Lott

6) What assurance can the hospital and surgical centers offer the public that proper infection control has been followed if the people, surgical technologists, have no requirements for education or licensure?

Hospitals and surgical centers have a financial and reputational incentive to minimize infections and complications, and thus will put processes in place to ensure that proper infection control has been followed. The introduction of a licensure requirement will not provide assurance that proper infection control is followed; it will mean that the surgical technologist passed a certification test at a given point in time.